APPLICATION FOR TWO AND ONE-HALF PERCENT TAX REDUCTION ON OWNER-OCCUPIED HOME FILE WITH COUNTY AUDITOR NO LATER THAN FIRST MONDAY IN JUNE

Application	n for this year . Applic	Par	mty: cel No: District:
NAME(S) OF OWNERS	S OF HOME:		
ADDRESS OF HOME:	STREET / / CITY / STATE / ZIP		
	RED: VELLING. UNIT IN A M UNDING THE HOME MO L OF THE HOME AS YOU	MULTI-UNIT DWELLING. ORE THAN ONE ACRE? UR PRINCIPAL PLACE O	CONDOMINIUM. F RESIDENCE?
I declare under penalty of and belief, it is true, corre		I this application and to the bo	est of my knowledge
SIGNATURE OF APPI APPLICANT'S ADDRE	ICANT: SSS: STREET		
PHONE NO: ()-	CITY / STATE / ZIP DATE):	

FOR COUNTY AUDITOR'S USE ONLY GRANTED DENIED							
Tax Year	Parcel Number	Total Acres	Land \$	Building(s)	Total \$		
TAXABLE VALUE ELIGIBLE FOR DEDUCTION:			\$ LAND	\$ BUILDING	\$ TOTAL		
NAME ON TAX DUPLICATE			DATE FILED				